

CALIFORNIA LIQUID WASTE HAULER RECORD

57211

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

No 7118

Revised December

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): **Aluminum Co. of America**

Pick up Address: **1450 Rincon Corona, Calif.**

Telephone Number: **714 737-0300**

Order Placed By: **S. Price**

Date: **6-30-79**

Type of Process: **Production Waste**

which Produced Wastes: **(Examples: metal plating, equipment cleaning, oil drilling--Code No. wastewater treatment, pickling bath, petroleum refining)**

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | |
|--|---|
| 1. <input type="checkbox"/> Acid solution | 8. <input checked="" type="checkbox"/> Tank bottom sediment |
| 2. <input type="checkbox"/> Alkaline solution | 9. <input checked="" type="checkbox"/> Oil & WATER |
| 3. <input type="checkbox"/> Pesticides | 10. <input type="checkbox"/> Drilling mud |
| 4. <input type="checkbox"/> Paint sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent | 12. <input type="checkbox"/> Cannery waste |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Latex waste |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Mud and water |
| | 15. <input type="checkbox"/> Brine |

☐ Other (Specify)

Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:

pH **7** ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: **10** ☐ gal ☐ tons ☒ barrels (42 gal) ☐ other (specify)

Containers: **(Number)** ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (specify)

Special Handling Instructions (if any):

NONE

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): **UNITED PUMPING SERVICE**

Business Address: **2102 Merced Ave., So. El Monte, Calif. 91733**

Telephone Number: **(213) 686-2015**

Pick Up: **6:30** (Date) **7/7** (City) **7/7** (Time) **pm**

State Liquid Waste Hauler's Registration No. (if applicable): **6365**

Job No.: **1** No. of Loads or Trips: **1** Unit No.: **7118**

Vehicle: ☒ vacuum truck **100** barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): **OPERATIVE IWD**

Site Address: **IMPK**

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): **10** State fee (if any): **12**

Handling Method(s):

- ☐ recovery
- ☐ treatment (specify):
- ☐ disposal (specify): ☒ pond ☐ spreading ☒ landfill ☐ injection well ☐ other (specify):

If waste is held for disposal elsewhere specify final location:

Disposal Date: **7-2-79**

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title **DOT Proper Shipping Name** **Chemicals, N.O.S.**

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.